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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064187 (4)

1. Corporation Name

PANTHER POOLS AND PATIO, INC.



Principal Place of Business

Mailing Address

FT. LAUDERDALE FL 33334

FT. LAUDERDALE FL 33334-3413

Sweet 295

Sweet 295

1729 E Commercial Blvd

Sweet 295

2. Principal Place of Business

2a. Mailing Address

21 1729 E Com Blvd #295

26 Sweet 295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 295

27 295

City & State

City & State

23 Ft Lauderdale FL

28 Ft Lauderdale FL

24 33334

25 Blvd U.S.A.

29 33334

30 Blvd U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDONALD, LOIS
1895 NE 82ND STREET
FT. LAUDERDALE FL 33308

81 Name Ken Mac Donald
82 Street Address (P.O. Box Number is Not Acceptable) 611 NE 58th St
83 Ft Lauderdale
84 City Ft Lauderdale FL 85 Zip Code 33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVTS
NAME MACDONALD, KENNETH L
STREET ADDRESS 611 NE 58TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33334

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0220001

CR2E034 (9/96)